

# Lynnwood Municipal Court Interpreter Service Invoice

Name/Agency \_\_\_\_\_ PO #: \_\_\_\_\_ Language \_\_\_\_\_

Address: \_\_\_\_\_

Washington State **Court** Certification ☐ Yes ☐ No

WA Court Registered ☐ Yes ☐ No

In Court Qualified ☐ Yes ☐ No

☐ AM Session ☐ PM Session

Miles Traveled One Way to Court \_\_\_\_\_ Mileage is paid at State rate (\$0.54 a mile in 2016)

☐ This is my first appearance this session. ☐ I worked at another court this session ☐

\_\_\_\_\_  
Name of Court

Date of Service	Case No(s)	Hearing Type (Arr, Ptr, Conf, Bt, JTR, Mit, Con, Rev, Prob) Circle Hearing	Time In	Time Out	Total Time – ½ hr increments	Clerk/Bailiff/Probation Signature This invoice must be signed by the bailiff, court clerk or probation officer on the day of service or payment may be withheld. This invoice must be submitted to the court for payment.

Court pays \$50 and hour – 2 hour minimum for morning and afternoon session for WA State Court Certified Interpreters

Court pays \$40 an hour – 2 hour minimum for In Court Qualified Interpreters in Certified Languages

For Court Use Only:	Hours (Min 2 hrs)	Mileage \$0.56/mi	Total Due
Signature: _____			

**Claimant Certification:** I hereby certify that under penalty of perjury that this is a true and correct claim for interpreter services provided by me on behalf of Lynnwood Municipal Court and no payment has been received by me on account thereof.

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_